

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

BRIAN MAST FOR CONGRESS

ADDRESS (number and street)

2600 S DOUGLAS RD STE 900

Check if different
than previously
reported. (ACC)

CORAL GABLES

FL

33134-6149

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00579896

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

18

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOSE RIESCO

Signature of Treasurer

JOSE RIESCO

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

10

15

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

BRIAN MAST FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	119623.00	189893.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	119623.00	189893.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	50097.95	52807.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	50097.95	52807.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	137085.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9499.36	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BRIAN MAST FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

112100.00

176000.00

(ii) Unitemized.....

7523.00

11893.00

(iii) TOTAL of contributions from individuals ▶

119623.00

187893.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

2000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

119623.00

189893.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

119623.00

189893.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50097.95	52807.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	50097.95	52807.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	67560.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	119623.00
25. SUBTOTAL (add Line 23 and Line 24).....	187183.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50097.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	137085.70

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Bowditch & Dewey

Mailing Address 1 International Place 44th Floor

City

Boston

State

MA

Zip Code

21110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bowditch & Dewey

Occupation

Partners

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		17		2015

Transaction ID : SA11AI.6905

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

David & Yvonne Alvarez

Mailing Address 4216 Seneca Avenue

City

Chattanooga

State

TN

Zip Code

37409

FEC ID number of contributing
federal political committee.

C

Name of Employer

MDP Management

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6917

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Dennis Andersen

Mailing Address 930 Mill Creek Drive

City

Palm Beach Gardens

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Jet Sales

Occupation

Aircraft Sales

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		01		2015

Transaction ID : SA11AI.6779

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Brendan Barry			Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2015	
Mailing Address 5 Tahoe Lane			Transaction ID : SA11AI.6954	
City	State	Zip Code		
Sea Ranch Lake	FL	33308		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer Shutts&Bowen LLP			CAMPAIGN CONTRIBUTION	
Occupation Lawyer				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	
B. Full Name (Last, First, Middle Initial) Michael Bell			Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2015	
Mailing Address 13716 Safe Harbor Ct			Transaction ID : SA11AI.6780	
City	State	Zip Code		
Rockville	MD	20850		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2700.00	
Name of Employer Closeline			CAMPAIGN CONTRIBUTION	
Occupation Attorney				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2700.00	
C. Full Name (Last, First, Middle Initial) Bill Benson			Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 10843 NW 2 st			Transaction ID : SA11AI.6985	
City	State	Zip Code		
Plantation	FL	33324		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1500.00	
Name of Employer Keefe McCullough			CAMPAIGN CONTRIBUTION	
Occupation Accountant				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1500.00	
SUBTOTAL of Receipts This Page (optional).....			5200.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Cliff Benson		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2015	
Mailing Address 12921 Durant Rd		Transaction ID : SA11AI.6832	
City Raleigh	State NC	Zip Code 27614	Amount of Each Receipt this Period 500.00 CAMPAIGN CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) Jennifer Benyo		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2015	
Mailing Address 2443 NE 25 street		Transaction ID : SA11AI.6955	
City lighthouse point	State FL	Zip Code 33064	Amount of Each Receipt this Period 250.00 CAMPAIGN CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer Bank United	Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) Shawn Benyo		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2015	
Mailing Address 2443 NE 25 street		Transaction ID : SA11AI.6956	
City lighthouse point	State FL	Zip Code 33064	Amount of Each Receipt this Period 250.00 CAMPAIGN CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer Bank United	Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....		1000.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 47
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial) Erik Blomqvist			Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 5 Cambria Road East			Transaction ID : SA11AI.6965	
City Palm Beach Gardens	State FL	Zip Code 33418	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		CAMPAIGN CONTRIBUTION		
Name of Employer Florida Crystals Corporation	Occupation Executive	Election Cycle-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) Jason & Stephanie Boggs			Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2015	
Mailing Address 302 Mt. Vernon Street			Transaction ID : SA11AI.6936	
City Newton	State MA	Zip Code 21135	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		CAMPAIGN CONTRIBUTION		
Name of Employer A-Affordable Insurance	Occupation Insurance	Election Cycle-to-Date 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) Chris Brauer			Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2015	
Mailing Address 8 Shrewsbury Road			Transaction ID : SA11AI.6937	
City W. Roxbury	State MA	Zip Code 21135	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		CAMPAIGN CONTRIBUTION		
Name of Employer Self Employed	Occupation Construction	Election Cycle-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Elloine Clark			Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2015	
Mailing Address 3716 Maplewood Ave			Transaction ID : SA11AI.6970	
City	State	Zip Code		
Dallas	TX	75205		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 5400.00 CAMPAIGN CONTRIBUTION	
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5400.00		
B. Full Name (Last, First, Middle Initial) Brennon Coble			Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2015	
Mailing Address 4314 W Park Rd			Transaction ID : SA11AI.6908	
City	State	Zip Code		
Hollywood	FL	33021		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2700.00 CAMPAIGN CONTRIBUTION	
Name of Employer Coble Builders		Occupation General Contractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		
C. Full Name (Last, First, Middle Initial) Nicole Conlon			Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2015	
Mailing Address 12 Byron Street			Transaction ID : SA11AI.6938	
City	State	Zip Code		
Boston	MA	21135		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00 CAMPAIGN CONTRIBUTION	
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....			8350.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Steven Cunningham

Mailing Address 15 Tranquility Rd

City

Moneta

State

VA

Zip Code

24121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bella Luna Asset Mgt, LLC

Occupation

CEO/Owner

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : SA11AI.6835

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Ernest & Roberta Desimone

Mailing Address 220 McFarlane Dr

City

Delray Beach

State

FL

Zip Code

33483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Lawyer

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.6986

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Annamarie Dewhurst

Mailing Address 7811 Meadowvale

City

Houston

State

TX

Zip Code

77063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : SA11AI.6802

Amount of Each Receipt this Period

300.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Chris Dewhurst

A.

Mailing Address 7811 Meadowvale

City

Houston

State

TX

Zip Code

77063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Merrill Lynch

Occupation

Finance

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		27		2015

Transaction ID : SA11AI.6803

Amount of Each Receipt this Period

300.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Valerie Engels

B.

Mailing Address 3181 SE Aster Lane

City

Stuart

State

FL

Zip Code

34994

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2015

Transaction ID : SA11AI.6977

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Ryan Engen

C.

Mailing Address 2550 100th Street

City

Caledonia

State

MI

Zip Code

49316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Netech Corporation

Occupation

VP

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		20		2015

Transaction ID : SA11AI.6872

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ryan Engen

Mailing Address 2550 100th Street

City

Caledonia

State

MI

Zip Code

49316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Netch Corporation

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		20		2015

Transaction ID : SA11AI.6873

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Morgan Everette

Mailing Address 19 Minnehahda Place

City

Chattanooga

State

TN

Zip Code

37405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charitable Giving Coca-Cola

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6980

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Kenneth Falke

Mailing Address 18490 Blueridge Mountain Road

City

Bluemont

State

VA

Zip Code

20135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shoulder 2 Shoulder, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		08		2015

Transaction ID : SA11AI.6783

Amount of Each Receipt this Period

5400.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Emilia Fanjul

Mailing Address 105 Jungle Road

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.6934

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Jose Fanjul

Mailing Address 1 North Clematis Street

City

West Palm Beach

State

FL

Zip Code

33401

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Executive

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.6933

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Lourdes Fanjul

Mailing Address 1 N. Clematis Street., Ste. 200

City

West Palm Beach

State

FL

Zip Code

33401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.6930

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Jose Fanjul Jr

Mailing Address 1 N. Clematis Street., Ste. 200

City

West Palm Beach

State

FL

Zip Code

33401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Crystals Corporation

Occupation

EVP

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.6931

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

George Feldenkreis

Mailing Address 3000 NW 107th Avenue

City

Miami

State

FL

Zip Code

33172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Perry Ellis International

Occupation

CEO & Chairman

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

Transaction ID : SA11AI.6805

Amount of Each Receipt this Period

475.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Kim Fetterman

Mailing Address 8418 Del Prado Dr

City

Delray Beach

State

FL

Zip Code

33446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Work in Home

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.6987

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3425.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Karen Fowler

Mailing Address 3200 NE 6th drive

City

Boca Raton

State

FL

Zip Code

33431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Juice Plus Distributor

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.6988

Amount of Each Receipt this Period

2000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Richard Freyman

Mailing Address 5349 Humboldt Drive

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11AI.6790

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Adam Gillis

Mailing Address 568 Rosselli Blvd

City

Champions Gate

State

FL

Zip Code

33896

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Sales

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11AI.6807

Amount of Each Receipt this Period

475.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2725.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Marc Goldman

Mailing Address P.O. Box 8020

City

Garden City

State

FL

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		19		2015

Transaction ID : SA11AI.6870

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. st.george Guardabassi

Mailing Address 820 se 5 court

City

Fort Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACRES

Occupation

Real Estate Sales

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : SA11AI.6932

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Ken Jackson

Mailing Address 2555 Mercedes Drive

City

Fort Lauderdale

State

FL

Zip Code

33316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Real Estate Investment

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		17		2015

Transaction ID : SA11AI.6957

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

William Jardus

A.

Mailing Address 1200 Holiday Drive

City

Fort Lauderdale

State

FL

Zip Code

21135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6941

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Beth Landel

B.

Mailing Address 7083 Lost Garden Terrace

City

Parkland

State

FL

Zip Code

33076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Housewife

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.6992

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Michael Lebovitz

C.

Mailing Address 2030 Hamilton Place blvd

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBL Properties

Occupation

Executive

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2015

Transaction ID : SA11AI.6896

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Craig Lindner, Jr

Mailing Address 6850 Alberly Lane

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Financial Group

Occupation

Investments

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11Al.6810

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Rafael Marrero

Mailing Address 3390 Mary Street

City

Coconut Grove

State

FL

Zip Code

33133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rafael Marrero & Company

Occupation

Management Consultant

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : SA11Al.6828

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. glenn Meyers

Mailing Address 547 prescott way

City

knoxville

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

MD

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11Al.6968

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ann Mulligan

Mailing Address 20 Greycliff Road

City

Brighton

State

MA

Zip Code

21135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6942

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

B. Caroline Mulligan

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 832

City

South Orleans

State

MA

Zip Code

21135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6943

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

C. Gerald Mulligan

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 832

City

South Orleans

State

MA

Zip Code

20019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6944

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mark & Nancy Mulligan

Mailing Address 149 Mount Vernon Street

City

West Roxbury

State

MA

Zip Code

20019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Graphin Design

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6946

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Megan Mulligan

Mailing Address 311 Emerson Street

City

Boston

State

MA

Zip Code

20019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6947

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Richard Mulligan

Mailing Address 311 Emerson Street

City

Boston

State

MA

Zip Code

20019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boston Redevelopment Authority

Occupation

Senior Project Manager

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6948

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Robert Mulligan

Mailing Address 47 Audabon Road

City

Wellesley

State

MA

Zip Code

20019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6949

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Ellis Naegele

Mailing Address 7993 Via Vecchia

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2015

Transaction ID : SA11AI.6866

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Robert Naegele

Mailing Address 7993 Via Vecchia

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2015

Transaction ID : SA11AI.6867

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

PJ & Maggie Nardy

Mailing Address 4315 Nestledown Ct

City

Chattanooga

State

TN

Zip Code

37419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Lineman Training Center

Occupation

Exec. V.P.

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6981

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Brian Neff

Mailing Address 7133 Fisher Island Dr

City

Miami Beach

State

FL

Zip Code

33109

FEC ID number of contributing
federal political committee.

C

Name of Employer

CTS Engines

Occupation

Executive

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : SA11AI.6898

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Jana Neff

Mailing Address 7133 Fisher Island Dr

City

Miami Beach

State

FL

Zip Code

33109

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : SA11AI.6899

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Elizabeth Nelson

Mailing Address 9482 Highway 11

City

Trenton

State

GA

Zip Code

30752

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Housewife

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6983

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

George Nelson

Mailing Address 9481 Highway 11

City

Trenton

State

GA

Zip Code

30752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Lineman Training Center

Occupation

CEO & President

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6982

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Steve O'Brien

Mailing Address 554 Park Crossing Drive

City

Daniel Island

State

SC

Zip Code

29492

FEC ID number of contributing
federal political committee.

C

Name of Employer

FBC

Occupation

business owner

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2015

Transaction ID : SA11AI.6847

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 47
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Brian O'Donnell			Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2015	
Mailing Address #13 Rosewood Circle			Transaction ID : SA11AI.6814	
City Kennebunk	State ME	Zip Code 40043	Amount of Each Receipt this Period 475.00 CAMPAIGN CONTRIBUTION	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 475.00		

B. Full Name (Last, First, Middle Initial) Beth Patterson			Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2015	
Mailing Address 1110 Windsong Rd.			Transaction ID : SA11AI.6886	
City Orlando	State FL	Zip Code 32809	Amount of Each Receipt this Period 1000.00 CAMPAIGN CONTRIBUTION	
FEC ID number of contributing federal political committee. C				
Name of Employer self		Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) Stan Patterson			Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2015	
Mailing Address 1109 Windsong Rd.			Transaction ID : SA11AI.6885	
City Orlando	State FL	Zip Code 10000	Amount of Each Receipt this Period 1000.00 CAMPAIGN CONTRIBUTION	
FEC ID number of contributing federal political committee. C				
Name of Employer Prosthetic & Orthotic Associates		Occupation Prosthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2475.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Maureen & Fred Perry

Mailing Address 6847 NW 28th Way

City

Fort Lauderdale

State

FL

Zip Code

33309

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Entrepreneur

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : SA11AI.6958

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Lee Pittman

Mailing Address 6845 Silver Cloud Cove

City

Ooltewah

State

TN

Zip Code

37363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dixie Produce Inc. Chattanooga, TN.

Occupation

Owner/CEO/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : SA11AI.6900

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Scott Plantowsky

Mailing Address 5105 Valerie Street

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Private Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11AI.6929

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

David & Tami Powell

Mailing Address 130 Antler Drive

City

Rising Fawn

State

GA

Zip Code

30738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Lineman Training Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6984

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Illana Raia

Mailing Address 28 Denison Dr

City

Saddle River

State

NJ

Zip Code

33338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6919

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Joseph Raia

Mailing Address 500 N Franklin Tpke

City

Ramsey

State

NJ

Zip Code

33338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raia Properties

Occupation

Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6920

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Lawrence Raia

Mailing Address 28 Denison Dr

City

Saddle River

State

NJ

Zip Code

33338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raia Properties

Occupation

Managing Director

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6918

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Samuel S. Raia

Mailing Address 2 Quail Ridge Rd

City

Saddle River

State

NJ

Zip Code

33338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raia Properties

Occupation

Principal

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6921

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Samuel A. Raia

Mailing Address 18 Mettowie Farms Ct.

City

Upper Saddle River

State

NJ

Zip Code

33338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raia Properties

Occupation

Managing Director

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6922

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Beth Roschman

Mailing Address 80 Bay Colony Lane

City

Fort Lauderdale

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : SA11AI.6959

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Robert Roschman

Mailing Address 1759 se 104 street

City

Fort Lauderdale

State

FL

Zip Code

33316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Real Estate Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : SA11AI.6960

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Rural American Counts PAC

Mailing Address 228 s washington st

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11AI.6973

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Lawrence Russo

Mailing Address 570 Commerce Blvd

City

Carlstadt

State

NJ

Zip Code

70072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		07		2015

Transaction ID : SA11AI.6782

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Leonard Samia

Mailing Address 60 Leo Birmingham parkway

City

Brighton

State

MA

Zip Code

12435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Samia Companies

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		21		2015

Transaction ID : SA11AI.6975

Amount of Each Receipt this Period

5000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Seal PAC

Mailing Address 1 International Place
44 Floor

City

Boston

State

MA

Zip Code

00211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

Transaction ID : SA11AI.6996

Amount of Each Receipt this Period

1500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Rebecca Jean Smith			Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 65 East India Row			Transaction ID : SA11AI.6994	
City	State	Zip Code		
Boston	MA	20011		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2000.00 CAMPAIGN CONTRIBUTION	
Name of Employer		Occupation		
Self		Musician		
Receipt For:		Election Cycle-to-Date		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		2000.00		
B. Full Name (Last, First, Middle Initial) Larry Snowden			Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2015	
Mailing Address 3160 nw 60 st			Transaction ID : SA11AI.6961	
City	State	Zip Code		
Boca Raton	FL	33496		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00 CAMPAIGN CONTRIBUTION	
Name of Employer		Occupation		
Retired		Retired		
Receipt For:		Election Cycle-to-Date		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		500.00		
C. Full Name (Last, First, Middle Initial) Shayna Somer			Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2015	
Mailing Address 5679 The Forest Gate Road			Transaction ID : SA11AI.6788	
City	State	Zip Code		
Memphis	TN	38120		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00 CAMPAIGN CONTRIBUTION	
Name of Employer		Occupation		
Not Employed		Not Employed		
Receipt For:		Election Cycle-to-Date		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		250.00		
SUBTOTAL of Receipts This Page (optional).....			2750.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Vincent Spinelli

A.

Mailing Address 11045 Canary Island Court

City

Plantation

State

FL

Zip Code

33324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chimera Securities

Occupation

Equity Trader

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		17		2015

Transaction ID : SA11AI.6792

Amount of Each Receipt this Period

1200.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

William Stern

B.

Mailing Address 700 Stonington Rd

City

Silver Spring

State

MD

Zip Code

20902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Digestive Care

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

Transaction ID : SA11AI.6893

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Suellen Stretch

C.

Mailing Address 7472 Great Waters Lane

City

West Chester

State

OH

Zip Code

45069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		17		2015

Transaction ID : SA11AI.6793

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Deb Tarrant

Mailing Address 1083 Hillsboro Like

City

Hillsboro Beach

State

FL

Zip Code

33062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : SA11AI.6962

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Rich Tarrant

Mailing Address 1083 Hillsboro Like

City

Hillsboro Beach

State

FL

Zip Code

33062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : SA11AI.6963

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. wayne Tatum

Mailing Address 115 herring dr.

City

raymond

State

MS

Zip Code

39154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : SA11AI.6854

Amount of Each Receipt this Period

250.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Undisclosed Undisclosed

A.

Mailing Address PO Box 2013

City

Boerne

State

TX

Zip Code

78006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Undisclosed

Occupation

Undisclosed

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6906

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

David J VanderSlik Jr

B.

Mailing Address 4950 4th

City

Grandville

State

MI

Zip Code

49418

FEC ID number of contributing
federal political committee.

C

Name of Employer

DJ's Landscape

Occupation

Self employed

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2015

Transaction ID : SA11AI.6868

Amount of Each Receipt this Period

500.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

George Violin

C.

Mailing Address 12953 Mizner Way

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASCOA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : SA11AI.6935

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 47

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Nancy Wehrheim			Date of Receipt M M / D D / Y Y Y Y Y 08 / 05 / 2015	
Mailing Address 1024 Center Oak Drive			Transaction ID : SA11AI.6819	
City	State	Zip Code		
Pittsburg	PA	15237		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 475.00 CAMPAIGN CONTRIBUTION	
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 475.00		
B. Full Name (Last, First, Middle Initial) Stanley Weinstein			Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 3545 Pinetree Drive			Transaction ID : SA11AI.6927	
City	State	Zip Code		
Miami Beach	FL	33140		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1800.00 CAMPAIGN CONTRIBUTION	
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1800.00		
C. Full Name (Last, First, Middle Initial) Jeffrey Winiker			Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2015	
Mailing Address 2 Crystal Drive			Transaction ID : SA11AI.6951	
City	State	Zip Code		
Franklin	MA	20019		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00 CAMPAIGN CONTRIBUTION	
Name of Employer Self		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....			2775.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 35 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mark Winiker

Mailing Address 760 Prentice Street

City

Holliston

State

MA

Zip Code

20019

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6952

Amount of Each Receipt this Period

2000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

William Winiker

Mailing Address 328 Blackstone Street

City

Bellingham

State

MA

Zip Code

20019

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2015

Transaction ID : SA11AI.6953

Amount of Each Receipt this Period

1000.00

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)

Jeffrey Zipper

Mailing Address 5030 Champions Blvd

City

Boca Raton

State

FL

Zip Code

33496

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6924

Amount of Each Receipt this Period

2700.00

CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

112100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
TRAVEL-AIR FARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

512.20

Transaction ID : SB17.7100

B. American Airlines

Mailing Address 4334 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76156

Purpose of Disbursement
TRAVEL-AIR FARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

312.20

Transaction ID : SB17.7101

C. American Airlines

Mailing Address 4335 AMON CARTER BOULEVARD, MD

City	State	Zip Code
FORT WORTH	TX	76157

Purpose of Disbursement
TRAVEL-AIR FARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

312.20

Transaction ID : SB17.7102

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1136.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Delta

Mailing Address 1030 Delta Air Lines, Inc.

City	State	Zip Code
Atlanta	GA	30354-1989

Purpose of Disbursement
AIR FARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

Amount of Each Disbursement this Period

692.20

Transaction ID : SB17.7085

B. Delta Air

Mailing Address 1030 Delta Air Lines, Inc.

City	State	Zip Code
Atlanta	GA	30354-1989

Purpose of Disbursement
TRAVEL- AIRFARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2015

Amount of Each Disbursement this Period

261.10

Transaction ID : SB17.7133

c. Election Campaign Management Solutions

Mailing Address 117 N. SAINT ASAPH ST.

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
SERVICE CHARGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

Amount of Each Disbursement this Period

2850.00

Transaction ID : SB17.7160

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3803.30

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Election Campaign Management Solutions

Mailing Address 117 N. SAINT ASAPH ST.

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
SERVICE CHARGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 08 / 2015

Amount of Each Disbursement this Period

2741.70

Transaction ID : SB17.7162

B. Groundswell Strategies

Mailing Address 708 SW 5th Ave

City	State	Zip Code
Miami	FL	33133

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Disbursement this Period

210.00

Transaction ID : SB17.7158

c. Groundswell Strategies

Mailing Address 709 SW 5th Ave

City	State	Zip Code
Miami	FL	33134

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.7159

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10451.70

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Groundswell Strategies

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.7155

B. Groundswell Strategies

Mailing Address 707 SW 5th Ave

City	State	Zip Code
Miami	FL	33132

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

Amount of Each Disbursement this Period

580.58

Transaction ID : SB17.7157

C. Groundswell Strategies

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2015

Amount of Each Disbursement this Period

1355.00

Transaction ID : SB17.7148

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2185.58

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Groundswell Strategies

Mailing Address 705 SW 5th Ave

City	State	Zip Code
Miami	FL	33130

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.7161

B. Hilton

Full Name (Last, First, Middle Initial)

Mailing Address 505 N FORT LAUDERDALE BEACH BLVD

City	State	Zip Code
FORT LAUDERDALE	FL	33304

Purpose of Disbursement
TRAVEL- LODGING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Disbursement this Period

689.52

Transaction ID : SB17.7092

C. Hilton

Full Name (Last, First, Middle Initial)

Mailing Address 506 N FORT LAUDERDALE BEACH BLVD

City	State	Zip Code
FORT LAUDERDALE	FL	33305

Purpose of Disbursement
TRAVEL- LODGING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Disbursement this Period

638.92

Transaction ID : SB17.7093

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8828.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP Digital

Mailing Address 20131 LAKEVIEW CENTER PLAZA

City	State	Zip Code
ASHBURN	VA	20148

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2015

Amount of Each Disbursement this Period

398.50

Transaction ID : SB17.7145

B. HSP Digital

Mailing Address 20132 LAKEVIEW CENTER PLAZA

City	State	Zip Code
ASHBURN	VA	20149

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2015

Amount of Each Disbursement this Period

596.50

Transaction ID : SB17.7147

c. HSP Digital

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City	State	Zip Code
ASHBURN	VA	20147

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2015

Amount of Each Disbursement this Period

443.38

Transaction ID : SB17.7143

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1438.38

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Jet Blue

Mailing Address 200 Terminal Dr

City	State	Zip Code
FT LAUDERDALE	FL	33315

Purpose of Disbursement
AIR FARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

Amount of Each Disbursement this Period

561.20

Transaction ID : SB17.7086

B. Amit Maholtra

Mailing Address 1177 CRABTREE CROSSING PKWY

City	State	Zip Code
MORRISVILLE	NC	27560

Purpose of Disbursement
CAMPAIGN CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2015

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB17.7149

c. Melina Pardo

Mailing Address 14001 SW 112 ST

City	State	Zip Code
MIAMI	FL	31876

Purpose of Disbursement
WEBSITE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2015

Amount of Each Disbursement this Period

1590.00

Transaction ID : SB17.7153

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4851.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Melina Pardo

Mailing Address 14001 SW 112 ST

City	State	Zip Code
MIAMI	FL	31876

Purpose of Disbursement
WEBSITE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2015

Amount of Each Disbursement this Period

555.00

Transaction ID : SB17.7141

B. Republican Party

Mailing Address 310 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.7111

c. David Samrick

Mailing Address 435 Royal Plaza Drive

City	State	Zip Code
Fort Lauderdale	FL	33301

Purpose of Disbursement
CAMPAIGN CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB17.7151

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3505.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Signiture Printing and Design

Mailing Address 889 POPULAR HALL DRIVE

City	State	Zip Code
NORFOLK	VA	23502

Purpose of Disbursement
PROMOTIONAL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

Amount of Each Disbursement this Period

1710.00

Transaction ID : SB17.7154

B. Spirit

Full Name (Last, First, Middle Initial)

Mailing Address 2800 EXECUTIVE WAY

City	State	Zip Code
MIRAMAR	FL	33025

Purpose of Disbursement
AIR FARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

Amount of Each Disbursement this Period

232.09

Transaction ID : SB17.7087

c. US Airways

Full Name (Last, First, Middle Initial)

Mailing Address 2100 NW 42ND AVE

City	State	Zip Code
MIAMI	FL	33126

Purpose of Disbursement
TRAVEL-AIR FARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

398.20

Transaction ID : SB17.7105

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2340.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ZDB. Inc.

Mailing Address 131 MADEIRA AVE

City	State	Zip Code
CORAL GABLES	FL	33134

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2015

Amount of Each Disbursement this Period

8135.00

Transaction ID : SB17.7152

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8135.00

47871.22

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 47 OF 47

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BRIAN MAST FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BRIAN MAST

Nature of Debt (Purpose):

In-Kind Meals, Travel, Website- (Debt to be repaid)

Mailing Address PO BOX 3016

City State

Zip Code

STUART

FL

34995

Outstanding Balance Beginning This Period

9499.36

Transaction ID : SD10.4417

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9499.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

9499.36

2) **TOTALS** This Period (last page this line number only)

9499.36

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

9499.36